

# **DATA SPECIFICATIONS HB/271 - Eligibility Inquiry 4010A1 Implementation Format**

**HIPAA - EDI Health Care - Eligibility, Coverage or Benefit Response**

**Version: Final**

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# 271

## Eligibility, Coverage or Benefit Response

Functional Group=**HB**

### Guide Updates:

20040623 update: changed code '03' to '00' in ISA01, changed Medi-Cal Note in ISA02 to 'Spaces', added 2 more routing code options to ISA06, removed 'EDS' & routing code from GS02 & from NM109 in loop 2100A.

20040902 update: changed CIN to Primary ID in NM109 of Subscriber loop, added 'NQ' to REF01 of Subscriber loop, increased maximum segment occurrences in DTP from 5X to 9X & in MSG from 2X to 10X, and added some Segment Medi-Cal Notes re. Segment occurrences.

### MEDI-CAL NOTE:

All loops and segments will appear in the exact sequence as they appear on page 3.

Important note re. data element separators .. Between the first data element and the second data element (between 'ISA' & ISA01) a data element separator is needed. This is a character which is never used in any of the data fields. For Medi-Cal we use '\*' (asterisk). This first data element separator defines the data element separators used through the entire interchange response. A data element separator will always be needed after each data element used, or in place of each data element not used. Exception: no separators are used in place of trailing data elements. Trailing data elements are those which are NOT used and which come between the last data element used and the end of a segment. Also, the last data element used is followed only by a segment terminator (no data element separator).

Important note re. segment terminators .. After the first segment (the ISA Segment) a segment terminator is needed. This is a character which is never used in any of the data fields, and it is different from the data element separator and the component separator (see ISA16). For Medi-Cal we use Hex '0D'. This first segment terminator defines the segment terminators used through the entire interchange response. Segment terminators appear at the end of each segment used. No segment terminator is needed between or in place of segments which are NOT used.

### Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
010	ISA	Interchange Control Header	M	1			Required
020	GS	Functional Group Header	M	1			Required
030	ST	Transaction Set Header	M	1			Required
040	BHT	Beginning of Hierarchical Transaction	M	1			Required

### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000A</b>					<b>1</b>		
060	HL	Information Source Level	M	1			Required
070	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2100A</b>					<b>1</b>		
090	NM1	Information Source Name	M	1			Required
100	PER	Information Source Contact Information	O	3			Situational
110	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2000B</b>					<b>1</b>		
130	HL	Information Receiver Level	M	1			Required
<b>LOOP ID - 2100B</b>					<b>1</b>		
150	NM1	Information Receiver Name	M	1			Required
160	AAA	Information Receiver Request Validation	O	9			Situational
<b>LOOP ID - 2000C</b>					<b>1</b>		
180	HL	Subscriber Level	M	1			Required
190	TRN	Subscriber Trace Number	O	3			Situational
<b>LOOP ID - 2100C</b>					<b>1</b>		
210	NM1	Subscriber Name	M	1			Required
220	REF	Subscriber Additional Identification	O	9			Situational
230	N4	Subscriber City/State/ZIP Code	O	1			Situational
240	AAA	Subscriber Request Validation	O	9			Situational
250	DMG	Subscriber Demographic Information	O	1			Situational
260	DTP	Subscriber Date	O	9			Situational
<b>LOOP ID - 2110C</b>					<b>≥1</b>		
280	EB	Subscriber Eligibility or Benefit Information	O	1			Situational
290	REF	Subscriber Additional Identification	O	9			Situational
300	DTP	Subscriber Eligibility/Benefit Date	O	20			Situational
310	AAA	Subscriber Request Validation	O	9			Situational
320	MSG	Message Text	O	10			Situational

### Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
330	LS	Loop Header	O	1			Situational

### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2120C</b>					<b>1</b>		
350	NM1	Subscriber Benefit Related Entity Name	O	1			Situational
360	PER	Subscriber Benefit Related Entity Contact Information	O	3			Situational

### Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
370	LE	Loop Trailer	O	1			Situational
380	SE	Transaction Set Trailer	M	1			Required
390	GE	Functional Group Trailer	M	1			Required
400	IEA	Interchange Control Trailer	M	1			Required

# ISA Interchange Control Header

Pos: 010	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 16

User Option (Usage): Required

## Comments:

1. The first data element separator ('\*' for Medi-Cal) defines the data element separators to be used through the entire interchange response.
2. The segment terminator (Hex '0D' for Medi-Cal) used after the ISA segment defines the segment terminator to be used throughout the entire interchange response.

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

ISA\*00\*.....\*00\*.....\*ZZ\*610442.....\*ZZ\*.....\*YYMMDD\*HHMM\*U\*00401\*000000001\*0\*P\*~(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Authorization Information (ISA02). <b>Code Name</b> 00 No Authorization Information Present (No Meaningful Information in I02)	M	ID	2/2	Required	1
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange response sender; the type of information is set by the Authorization Information Qualifier (ISA01). <b>MEDI-CAL NOTE: Spaces.</b>	M	AN	10/10	Required	1
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code to identify the type of information in the Security Information (ISA04). <b>Code Name</b> 00 No Security Information Present (No Meaningful Information in I04)	M	ID	2/2	Required	1
ISA04	I04	<b>Security Information</b> <b>Description:</b> This is used for identifying the security information about the interchange response sender; the type of information is set by the Security Information Qualifier (ISA03). <b>MEDI-CAL NOTE: Spaces.</b>	M	AN	10/10	Required	1
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the interchange response sender ID element being qualified. This ID qualifies the sender in ISA06. <b>Code Name</b> ZZ Mutually Defined	M	ID	2/2	Required	1
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the interchange response sender for other parties to use as the receiver ID to route data to them. <b>MEDI-CAL NOTE: '610442', left justify and pad with spaces.</b>	M	AN	15/15	Required	1
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Qualifier to designate the system/method of code structure used to designate the interchange response receiver ID element being qualified. This ID qualifies the receiver in ISA08. <b>Code Name</b> ZZ Mutually Defined	M	ID	2/2	Required	1
ISA08	I07	<b>Interchange Receiver ID</b> <b>Description:</b> Identification code published by the interchange response receiver (sent	M	AN	15/15	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		in ISA06 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them. <b>MEDI-CAL NOTE: Provider Number plus Other Intermediary Code, left justify and pad with spaces.</b>					
ISA09	I08	<b>Interchange Date</b> <b>Description:</b> Date of the interchange response. <b>MEDI-CAL NOTE: Date in YYMMDD format.</b>	M	DT	6/6	Required	1
ISA10	I09	<b>Interchange Time</b> <b>Description:</b> Time of the interchange response. <b>MEDI-CAL NOTE: Time in HHMM format.</b>	M	TM	4/4	Required	1
ISA11	I10	<b>Interchange Control Standards Identifier</b> <b>Description:</b> Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange response header and trailer. <b>Code Name</b> U U.S. EDI Community of ASC X12, TDCC, and UCS	M	ID	1/1	Required	1
ISA12	I11	<b>Interchange Control Version Number</b> <b>Description:</b> Code specifying the version number of the interchange response control segments. <b>Code Name</b> 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	M	ID	5/5	Required	1
ISA13	I12	<b>Interchange Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the interchange response sender, and must match IEA02. <b>MEDI-CAL NOTE: '000000001'. This number must be identical to IEA02.</b>	M	N9	9/9	Required	1
ISA14	I13	<b>Acknowledgment Requested</b> <b>Description:</b> Code sent by the interchange response receiver, sent in ISA14 of the 270 interchange inquiry, to request an interchange acknowledgment (TA1). <b>Code Name</b> 0 No Acknowledgment Requested	M	ID	1/1	Required	1
ISA15	I14	<b>Usage Indicator</b> <b>Description:</b> Code to indicate whether data enclosed by this interchange response envelope is test, production or information. <b>Code Name</b> P Production Data	M	ID	1/1	Required	1
ISA16	I15	<b>Component Element Separator</b> <b>Description:</b> The component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator. <b>MEDI-CAL NOTE: '~'.</b>	M	AN	1/1	Required	1

# GS Functional Group Header

Pos: 020	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 8

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GS\*HB\*610422\*.....\*CCYYMMDD\*HHMMSSDD\*000000001\*X\*004010X092A1(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
GS01	479	<b>Functional Identifier Code</b> <b>Description:</b> Code identifying a group of application related transaction sets.	M	ID	2/2	Required	1
		<b>Code Name</b> HB Eligibility, Coverage or Benefit Information (271)					
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Identification code published by the functional group sender for other parties to use as the receiver ID to route data to them.	M	AN	2/15	Required	1
		<b>MEDI-CAL NOTE: '610442'.</b>					
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Identification code published by the functional group receiver (sent in GS02 of the 270 interchange inquiry) for other parties to use as the receiver ID to route data to them.	M	AN	2/15	Required	1
		<b>MEDI-CAL NOTE: Provider Number plus Other Intermediary Code.</b>					
GS04	373	<b>Date</b> <b>Description:</b> Creation date of the functional group.	M	DT	8/8	Required	1
		<b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b>					
GS05	337	<b>Time</b> <b>Description:</b> Creation time of the functional group, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99).	M	TM	8/8	Required	1
		<b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>					
GS06	28	<b>Group Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the functional group sender, and must match GE02.	M	N9	9/9	Required	1
		<b>MEDI-CAL NOTE: '000000001'. This number must be identical to GE02.</b>					
GS07	455	<b>Responsible Agency Code</b> <b>Description:</b> Code identifying the issuer of the standard; this code is used in conjunction with Data Element GS08.	M	ID	1/2	Required	1
		<b>MEDI-CAL NOTE: 'X'.</b>					
		<b>Code Name</b> X Accredited Standards Committee X12					
GS08	480	<b>Version / Release / Industry Identifier Code</b> <b>Description:</b> Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; GS08 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the	M	ID	1/12	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		industry or trade association identifiers.					
		<u>Code</u>		<u>Name</u>			
		004010X092A		Draft Standards Approved for Publication by ASC X12 Procedures Review Board			
		1		through October 1997, as published in this implementation guide.			

# ST Transaction Set Header

Pos: 030	Max: 1
Heading - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.  
ST\*271\*000000001(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
ST01	143	<b>Transaction Set Identifier Code</b> <b>Description:</b> Code uniquely identifying the Transaction Set. Use this code to identify the transaction set ID for the transaction set that will follow the ST segment. Each X12 standard has a transaction set identifier code that is unique to that transaction set. <b>Code Name</b> 271 Eligibility, Coverage or Benefit Information	M	ID	3/3	Required	1
ST02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the transaction set sender, and must match SE02. <b>MEDI-CAL NOTE:</b> '000000001'. This number must be identical to SE02.	M	N9	9/9	Required	1

# BHT Beginning of Hierarchical Transaction

Pos: 040 Max: 1  
Heading - Mandatory  
Loop: N/A Elements: 5

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

BHT\*0022\*11\*.....\*CCYYMMDD\*HHMMSSDD(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
BHT01	1005	<b>Hierarchical Structure Code</b> <b>Description:</b> Code indicating the hierarchical application structure of the transaction set that utilizes the HL segment to define the structure of the transaction set. This code specifies the sequence of hierarchical levels that may appear in the transaction set. This code only indicates the sequence of the levels, not the requirement that all levels be present. For example, if code "0022" is used, the dependent level may or may not be present for each subscriber (and it is not present for Medi-Cal transactions). <b>Code Name</b> 0022 Information Source, Information Receiver, Subscriber, Dependent	M	ID	4/4	Required	1
BHT02	353	<b>Transaction Set Purpose Code</b> <b>Description:</b> Code identifying purpose of transaction set. <b>Code Name</b> 11 Response	M	ID	2/2	Required	1
BHT03	127	<b>Reference Identification</b> <b>Description:</b> This element is to be used to trace the transaction from one point to the next point, such as when the transaction is passed from one clearinghouse to another clearinghouse. This identifier is not to be passed through the complete life of the transaction, rather replaced with the identifier received in the 270. <b>Industry: Submitter Transaction Identifier</b> <b>MEDI-CAL NOTE: An additional identifier if one was sent in BHT03 of the 270 transaction inquiry.</b>	O	AN	1/30	Situational	1
BHT04	373	<b>Date</b> <b>Description:</b> Generation date of the transaction set. <b>Industry: Transaction Set Creation Date</b> <b>MEDI-CAL NOTE: Date in CCYYMMDD format.</b>	M	DT	8/8	Required	1
BHT05	337	<b>Time</b> <b>Description:</b> Generation time of the transaction set, expressed in 24-hour clock time as follows: HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99). <b>Industry: Transaction Set Creation Time</b> <b>MEDI-CAL NOTE: Time in HHMMSSDD format.</b>	M	TM	8/8	Required	1

# Loop 2000A

Pos: 050	Repeat: 1
	Mandatory
Loop: 2000A	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
060	HL	Information Source Level	M	1		Required
070	AAA	Request Validation	O	9		Situational
080		Loop 2100A	M		1	Required

# HL Information Source Level

Pos: 060	Max: 1
Detail - Mandatory	
Loop: 2000A	Elements: 3

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

HL\*1\*\*20\*1(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). <b>MEDI-CAL NOTE: '1'.</b>	M	AN	1/1	Required	1
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. <b>Code Name</b> 20 Information Source	M	ID	1/2	Required	1
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Identifies the payor, maintainer, or source of the information. <b>Code Name</b> 20 Identifies the payor, maintainer, or source of the information. <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described. <b>Code Name</b> 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	M	ID	1/1	Required	1

# AAA Request Validation

Pos: 070	Max: 9
Detail - Optional	
Loop: 2000A	Elements: 3

User Option (Usage): Situational

## Comments:

1. Use of this segment at this location is to identify reasons why a request cannot be processed based on the entities identified in ISA06, ISA08, GS02 or GS03.

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA\*N\*\*41\*P(Hex'0D')

AAA\*N\*\*42\*R(Hex'0D')

AAA\*Y\*\*41\*S(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response. <b>Industry: Valid Request Indicator</b> <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> N No <b>Description:</b> Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes <b>Description:</b> Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	<b>Reject Reason Code</b> <b>Description:</b> Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully by the entity identified in either ISA06, ISA08, GS02 or GS03. <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> 04 Authorized Quantity Exceeded <b>Description:</b> Use this code to indicate that the transaction exceeds the number of patient requests allowed by the entity identified in either ISA08 or GS03. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. This is not to be used to indicate that the number of patient requests exceeds the number allowed by the Information Source identified in Loop 2100A. 41 Authorization/Access Restrictions <b>Description:</b> Use this code to indicate that the entity identified in GS02 is not authorized to submit 270 transactions to the entity identified in either ISA08 or GS03. This is not to be used to indicate Authorization/Access Restrictions as related to the Information Source Identified in Loop 2100A. 42 Unable to Respond at Current Time <b>Description:</b> Use this code to indicate that the entity identified in either ISA08 or GS03 is unable to process the transaction at the current time. This indicates that there is a problem within the systems of the entity identified in either ISA08 or GS03 and is not related to any problem with the Information Source Identified in Loop 2100A. 79 Invalid Participant Identification <b>Description:</b> Use this code to indicate that the value in either GS02 or GS03 is invalid.	M	ID	2/2	Required	1
AAA04	889	<b>Follow-up Action Code</b> <b>Description:</b> Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). <b>MEDI-CAL NOTE: See Appendix A: AAA</b>	M	ID	1/1	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
<b>Segment Table of Rejection codes.</b>							
		<u>Code</u> <u>Name</u>					
		C Please Correct and Resubmit					
		N Resubmission Not Allowed					
		P Please Resubmit Original Transaction					
		R Resubmission Allowed					
		S Do Not Resubmit; Inquiry Initiated to a Third Party					
		Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly					

# Loop 2100A

Pos: 080	Repeat: 1
	Mandatory
Loop: 2100A	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
090	NM1	Information Source Name	M	1		Required
100	PER	Information Source Contact Information	O	3		Situational
110	AAA	Request Validation	O	9		Situational

# NM1 Information Source Name

Pos: 090	Max: 1
Detail - Mandatory	
Loop: 2100A	Elements: 5

User Option (Usage): Required

## Syntax:

1. P0809 - If either NM108, NM109 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1\*PR\*2\*Medi-Cal\*\*\*\*\*46\*610442(Hex'0D')

## MEDI-CAL NOTE:

No data element separator (\*\*) is needed for 'trailing' data-elements.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual. <b>Code Name</b> PR Payer	M	ID	2/3	Required	1
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. <b>Code Name</b> 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name. <b>Industry: Information Source Last or Organization Name</b>	M	AN	1/8	Required	1
NM108	66	<b>MEDI-CAL NOTE: 'MEDI-CAL'. Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (NM109). This element qualifies the identification number submitted in NM109. <b>Code Name</b> 46 Electronic Transmitter Identification Number (ETIN) <b>Description:</b> A unique number assigned to each transmitter and software developer.	M	ID	1/2	Required	1
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code. This code is the reference number as qualified by the preceding data element (NM108). <b>Industry: Information Source Primary Identifier</b> <b>MEDI-CAL NOTE: '610442'.</b>	M	AN	2/15	Required	1

# PER Information Source Contact Information

Pos: 100 Max: 3  
Detail - Optional  
Loop: 2100A Elements: 4

User Option (Usage): Situational

## Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

PER\*IC\*POS HELP DESK\*TE\*8004271295(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 3 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named. <b>Code Name</b> IC Information Contact	M	ID	2/2	Required	1
PER02	93	<b>Name</b> <b>Description:</b> Free-form name. This name is the individual's name or group's name used when contacting the individual or organization. <b>Industry: Information Source Contact Name</b> <b>MEDI-CAL NOTE: 'POS Help Desk Toll Free Number' or 'Voice AEVS'.</b>	O	AN	1/60	Situational	1
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number. <b>Code Name</b> TE Telephone	O	ID	2/2	Situational	1
PER04	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number. <b>Industry: Information Source Communication Number</b> <b>MEDI-CAL NOTE: '8005415555' or '8004562387'.</b>	O	AN	1/10	Situational	1

# AAA Request Validation

Pos: 110	Max: 9
Detail - Optional	
Loop: 2100A	Elements: 3

User Option (Usage): Situational

## Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information source data contained in the original 270 transaction's information source name loop (Loop 2100A) or to indicate that the information source itself is experiencing system problems.

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA\*N\*\*42\*N(Hex'0D')

AAA\*N\*\*79\*P(Hex'0D')

AAA\*Y\*\*80\*R(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response. <b>Industry: Valid Request Indicator</b> <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> N No <b>Description:</b> Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes <b>Description:</b> Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	<b>Reject Reason Code</b> <b>Description:</b> Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> 04 Authorized Quantity Exceeded <b>Description:</b> Use this code to indicate that the transaction exceeds the number of patient requests allowed by the Information Source identified in Loop 2100A. See section 1.3.3 Business Uses for more information regarding the number of patient requests allowed in a transaction. 41 Authorization/Access Restrictions <b>Description:</b> Use this code to indicate that the entity identified in ISA06 or GS02 is not authorized to submit 270 transactions to the Information Source Identified in Loop 2100A. 42 Unable to Respond at Current Time <b>Description:</b> Use this code to indicate that Information Source Identified in Loop 2100A is unable to process the transaction at the current time. This indicates that there is a problem within the Information Source's system. 79 Invalid Participant Identification <b>Description:</b> Use this code to indicate that Information Source Identified in Loop 2100A is invalid. If the transaction is processed by a clearing house, VAN, etc., use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier for Information Sources the clearing house, VAN, etc. have access to. If the transaction is sent directly to the Information Source, use this code to indicate that the Information Source Identified in Loop 2100A is not a valid identifier. 80 No Response received - Transaction Terminated <b>Description:</b> Use this code only if the transaction is processed by a clearing house, VAN, etc. Use this code to indicate that the transaction was sent to the Information Source Identified in Loop 2100A however no response was received in the expected time frame. T4 Payer Name or Identifier Missing <b>Description:</b> Use this code to indicate that either the name or identifier for Information Source Identified in Loop 2100A is missing.	M	ID	2/2	Required	1

AAA04	889	<b>Code Name</b>					
		<b>Follow-up Action Code</b>	M	ID	1/1	Required	1
		<b>Description:</b> Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).					
		<b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b>					
		<b>Code Name</b>					
		C	Please Correct and Resubmit				
		N	Resubmission Not Allowed				
		P	Please Resubmit Original Transaction				
		R	Resubmission Allowed				
		S	Do Not Resubmit; Inquiry Initiated to a Third Party				
		W	Please Wait 30 Days and Resubmit				
		X	Please Wait 10 Days and Resubmit				
		Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly				

# Loop 2000B

Pos: 120	Repeat: 1
	Mandatory
Loop: 2000B	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
130	HL	Information Receiver Level	M	1		Required
140		Loop 2100B	M		1	Required

# HL Information Receiver Level

Pos: 130	Max: 1
Detail - Mandatory	
Loop: 2000B	Elements: 4

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

HL\*2\*1\*21\*1(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). <b>MEDI-CAL NOTE: '2'.</b>	M	AN	1/1	Required	1
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate. <b>MEDI-CAL NOTE: '1'.</b>	M	AN	1/1	Required	1
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. <b>Code Name</b> 21 Information Receiver	M	ID	1/2	Required	1
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Identifies the provider or party(ies) who are the recipient(s) of the information. <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described. <b>Code Name</b> 1 Additional Subordinate HL Data Segment in This Hierarchical Structure.	M	ID	1/1	Required	1

# Loop 2100B

Pos: 140	Repeat: 1
	Mandatory
Loop: 2100B	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
150	NM1	Information Receiver Name	M	1		Required
160	AAA	Information Receiver Request Validation	O	9		Situational

# NM1 Information Receiver Name

Pos: 150	Max: 1
Detail - Mandatory	
Loop: 2100B	Elements: 4

User Option (Usage): Required

## Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1\*1P\*1\*\*\*\*\*SV\*.....(Hex'0D')

NM1\*1P\*2\*\*\*\*\*SV\*.....(Hex'0D')

## MEDI-CAL NOTE:

No data element separator (\*\*) is needed for 'trailing' data-elements.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual. <b>Code Name</b> 1P Provider	M	ID	2/3	Required	1
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. <b>MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity.</b> <b>Code Name</b> 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (NM109). This element qualifies the identification number submitted in NM109. This is the number that the information source associates with the information receiver. <b>Code Name</b> SV Service Provider Number <b>Description:</b> Use this code for the identification number assigned by the information source.	M	ID	1/2	Required	1
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code. This reference number is qualified by the preceding data element (NM108). <b>Industry: Information Receiver Identification Number</b> <b>MEDI-CAL NOTE: Provider Number plus Other Intermediary Code (OI).</b>	M	AN	2/15	Required	1

# AAA Information Receiver Request Validation

Pos: 160	Max: 9
Detail - Optional	
Loop: 2100B	Elements: 3

User Option (Usage): Situational

## Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the information receiver data contained in the original 270 transaction's information receiver name loop (Loop 2100B).

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA\*N\*\*15\*S(Hex'0D')

AAA\*N\*\*50\*W(Hex'0D')

AAA\*Y\*\*51\*X(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response. <b>Industry: Valid Request Indicator</b> <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> N No <b>Description:</b> Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes <b>Description:</b> Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	<b>Reject Reason Code</b> <b>Description:</b> Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> 15 Required application data missing <b>Description:</b> Use this code only when the information receiver's additional identification is missing. 41 Authorization/Access Restrictions 43 Invalid/Missing Provider Identification 44 Invalid/Missing Provider Name 45 Invalid/Missing Provider Specialty 46 Invalid/Missing Provider Phone Number 47 Invalid/Missing Provider State 48 Invalid/Missing Referring Provider Identification Number 50 Provider Ineligible for Inquiries 51 Provider Not on File 79 Invalid Participant Identification <b>Description:</b> Use this code only when the information receiver is not a provider or payer. 97 Invalid or Missing Provider Address T4 Payer Name or Identifier Missing <b>Description:</b> Use this code only when the information receiver is a payer.	M	ID	2/2	Required	1
AAA04	889	<b>Follow-up Action Code</b> <b>Description:</b> Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). <b>MEDI-CAL NOTE: See Appendix A: AAA</b>	M	ID	1/1	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
<b>Segment Table of Rejection codes.</b>							
		<u>Code</u> <u>Name</u>					
		C Please Correct and Resubmit					
		N Resubmission Not Allowed					
		R Resubmission Allowed					
		S Do Not Resubmit; Inquiry Initiated to a Third Party					
		W Please Wait 30 Days and Resubmit					
		X Please Wait 10 Days and Resubmit					
		Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly					

# Loop 2000C

Pos: 170	Repeat: 1
	Mandatory
Loop: 2000C	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
180	HL	Subscriber Level	M	1		Required
190	TRN	Subscriber Trace Number	O	3		Situational
200		Loop 2100C	M		1	Required

# HL Subscriber Level

Pos: 180	Max: 1
Detail - Mandatory	
Loop: 2000C	Elements: 4

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

HL\*3\*2\*22\*0(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
HL01	628	<b>Hierarchical ID Number</b> <b>Description:</b> A unique number assigned by the transaction set sender to identify a particular data segment in a hierarchical structure. Use the sequentially assigned positive number to identify each specific occurrence of an HL segment within the transaction set. It should begin with the number one and be incremented by one for each successive occurrence of the HL segment within that specific transaction set (ST through SE). <b>MEDI-CAL NOTE: '3'.</b>	M	AN	1/1	Required	1
HL02	734	<b>Hierarchical Parent ID Number</b> <b>Description:</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate. Use this ID number to identify the specific hierarchical level to which this level is subordinate. <b>MEDI-CAL NOTE: '2'.</b>	M	AN	1/1	Required	1
HL03	735	<b>Hierarchical Level Code</b> <b>Description:</b> Code defining the characteristic of a level in a hierarchical structure. All data that follows an HL segment is associated with the entity identified by the level code; this association continues until the next occurrence of an HL segment. <b>Code Name</b> 22 Subscriber	M	ID	1/2	Required	1
HL04	736	<b>Hierarchical Child Code</b> <b>Description:</b> Code indicating if there are hierarchical child data segments subordinate to the level being described. <b>Code Name</b> 0 No Subordinate HL Segment in This Hierarchical Structure.	M	ID	1/1	Required	1

# TRN Subscriber Trace Number

Pos: 190	Max: 3
Detail - Optional	
Loop: 2000C	Elements: 4

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

TRN\*2\* .....\*1.....\*(Hex'0D')

TRN\*2\* .....\*3.....\*(Hex'0D')

TRN\*1\* .....\*9610442...Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 3 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
TRN01	481	<b>Trace Type Code</b> <b>Description:</b> Code identifying which transaction is being referenced. <b>MEDI-CAL NOTE: '2' for Provider and/or Clearinghouse Trace Numbers, and '1' for the EVC Number.</b>	M	ID	1/2	Required	1
		<b>Code Name</b> 1 Current Transaction Trace Numbers <b>Description:</b> The term "Current Transaction Trace Numbers" refers to trace or reference numbers assigned by the creator of the 271 transaction (the information source). <b>MEDI-CAL NOTE:</b> If a clearinghouse has assigned a TRN segment and intends on returning their TRN segment in the 271 response to the information receiver, they must convert the value in TRN01 to "1" (since it will be returned by the information source as a "2"). 2 Referenced Transaction Trace Numbers <b>Description:</b> The term "Referenced Transaction Trace Numbers" refers to trace or reference numbers originally sent in the 270 transaction and now returned in the 271.					
TRN02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>Industry: Trace Number</b> <b>MEDI-CAL NOTE: A provider and/or clearinghouse trace number when TRN01 = '2', and an EVC Number when TRN01 = '1'. The EVC number will always be contained in the last repeat of the TRN segment.</b>	M	AN	1/30	Required	1
TRN03	509	<b>Originating Company Identifier</b> <b>Description:</b> A unique identifier designating the company initiating the funds transfer instructions. The first character is one-digit ANSI identification code designation (ICD) followed by the nine-digit identification number which may be an IRS employer identification number (EIN), data universal numbering system (DUNS), or a user assigned number; the ICD for an EIN is 1, DUNS is 3, user assigned number is 9. <b>Industry: Trace Assigning Entity Identifier</b> <b>MEDI-CAL NOTE: When TRN01 = 1 then '9610442', left justified &amp; padded with spaces.</b>	O	AN	10/10	Situational	1
TRN04	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular transaction set or as specified by the Reference Identification Qualifier.	O	AN	1/30	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		Industry: Trace Assigning Entity Additional Identifier					
		MEDI-CAL NOTE: Additional identifying information only when TRN01 = 2.					

# Loop 2100C

Pos: 200	Repeat: 1
Mandatory	
Loop: 2100C	Elements: N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
210	NM1	Subscriber Name	M	1		Required
220	REF	Subscriber Additional Identification	O	9		Situational
230	N4	Subscriber City/State/ZIP Code	O	1		Situational
240	AAA	Subscriber Request Validation	O	9		Situational
250	DMG	Subscriber Demographic Information	O	1		Situational
260	DTP	Subscriber Date	O	9		Situational
270		Loop 2110C	O		>1	Situational

# NM1 Subscriber Name

Pos: 210	Max: 1
Detail - Mandatory	
Loop: 2100C	Elements: 7

User Option (Usage): Required

## Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1\*IL\*1\*.....\*.....\*...MI\*.....(Hex'0D')

## MEDI-CAL NOTE:

No data element separator (\*\*) is needed for 'trailing' data-elements.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual. <b>Code Name</b> IL Insured or Subscriber	M	ID	2/3	Required	1
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. <b>Code Name</b> 1 Person	M	ID	1/1	Required	1
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name. <b>Industry: Subscriber Last Name</b> <b>MEDI-CAL NOTE: Subscriber's Last Name unless a rejection response is generated.</b>	O	AN	1/35	Situational	1
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name. Use this name for the subscriber's first name. <b>Industry: Subscriber First Name</b> <b>MEDI-CAL NOTE: Subscriber's First Name unless a rejection response is generated.</b>	O	AN	1/25	Situational	1
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial. Use this name for the subscriber's middle name or initial. <b>Industry: Subscriber Middle Name</b> <b>MEDI-CAL NOTE: Subscriber's Middle Initial unless a rejection response is generated.</b>	O	AN	1/1	Situational	1
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (NM109). Use this element to qualify the identification number submitted in NM109. This is the primary number that the information source associates with the subscriber. <b>Code Name</b> MI Member Identification Number <b>Description:</b> This code may only be used prior to the mandated use of code "ZZ". This is the unique number the payer or information source uses to identify the insured (e.g., Health Insurance Claim Number, Medicaid Subscriber ID Number, HMO member ID, etc.).	M	ID	1/2	Required	1
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code. Use this code for the	M	AN	2/30	Required	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		reference number as qualified by the preceding data element (NM108).					
		Industry: Subscriber Primary Identifier					
		MEDI-CAL NOTE: Subscriber (Recipient) Medi-Cal ID Number, or whatever is used as the Primary ID Number.					

# REF Subscriber Additional Identification

Pos: 220 Max: 9  
Detail - Optional  
Loop: 2100C Elements: 2

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF\*A6\*.....(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification. <b>MEDI-CAL NOTE: Do not use the same identifier entered in NM109 of loop 2100C.</b>	M	ID	2/3	Required	1
		<b>Code Name</b> 18 Plan Number <b>Description:</b> The unique identification number assigned for a defined contribution plan 1L Group or Policy Number <b>Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes IG or 6P when they can be determined.</b> 1W Member Identification Number <b>Use only if Loop 2100C NM108 contains ZZ, and is prior to the mandated use of the HIPAA Unique Patient Identifier.</b> 3H Case Number 6P Group Number A6 Employee Identification Number EA Medical Record Identification Number <b>Description:</b> A unique number assigned to each patient by the provider of service (hospital) to assist in retrieval of medical records. EJ Patient Account Number <b>Description:</b> A unique number assigned to each patient by the provider of service to facilitate retrieval of individual case records tracking of claims submitted to a payer and posting of payment. IG Insurance Policy Number N6 Plan Network Identification Number <b>Description:</b> A number assigned to identify a specific health care network that provides health care services to insured members NQ Medicaid Subscriber Identification Number <b>Description:</b> Unique identification number assigned to each member covered under a subscriber's contract. See segment note 2.					
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>Industry: Subscriber Supplemental Identifier</b> <b>MEDI-CAL NOTE: Do not use the same number entered in NM109 of loop 2100C.</b>	M	AN	1/30	Required	1

# N4 Subscriber City/State/ZIP Code

Pos: 230	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 2

User Option (Usage): Situational

## Syntax:

1. C0605 - If N406 is present, then all of N405 are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

N4\*\*\*\*\*CY\*..(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
N405	309	<b>Location Qualifier</b> <b>Description:</b> Code identifying type of location.	O	ID	1/2	Situational	1
		<b>Code Name</b> CY County/Parish					
N406	310	<b>Location Identifier</b> <b>Description:</b> Code which identifies a specific location. <b>Industry: Location Identification Code</b> <b>ExternalCodeList</b> <b>Name:</b> 43 <b>Description:</b> FIPS-55 (Named Populated Places)	O	AN	1/2	Situational	1

# AAA Subscriber Request Validation

Pos: 240	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

## Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to the data contained in the original 270 transaction's subscriber name loop (Loop 2100C).

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA\*N\*\*43\*N(Hex'0D')

AAA\*N\*\*75\*S(Hex'0D')

AAA\*Y\*\*76\*Y(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response. <b>Industry: Valid Request Indicator</b> <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> N No <b>Description:</b> Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes <b>Description:</b> Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	<b>Reject Reason Code</b> <b>Description:</b> Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <b>Code Name</b> 15 Required application data missing 42 Unable to Respond at Current Time <b>Description:</b> Use this code in a batch environment where an information source returns all requests from the 270 in the 271 and identifies "Unable to Respond at Current Time" for each individual request (subscriber or dependent) within the transaction that they were unable to process for reasons other than data content (such as their system is down or timed out when generating a response). 43 Invalid/Missing Provider Identification 45 Invalid/Missing Provider Specialty 47 Invalid/Missing Provider State 48 Invalid/Missing Referring Provider Identification Number 49 Provider is Not Primary Care Physician 51 Provider Not on File 52 Service Dates Not Within Provider Plan Enrollment 56 Inappropriate Date 57 Invalid/Missing Date(s) of Service 58 Invalid/Missing Subscriber Birth Date 60 Subscriber Birth Date Follows Date(s) of Service 61 Date of Death Precedes Date(s) of Service 62 Service Date Not Within Allowable Inquiry Period 63 Service Date in Future 64 Invalid/Missing Patient ID 65 Invalid/Missing Patient Name 66 Invalid/Missing Patient Gender Code 67 Patient Not Found 68 Duplicate Patient ID Number	M	ID	2/2	Required	1

**Code Name**

71 Subscriber Birth Date Does Not Match That for the Patient on the Database  
72 Invalid/Missing Subscriber/Insured ID  
73 Invalid/Missing Subscriber/Insured Name  
74 Invalid/Missing Subscriber/Insured Gender Code  
75 Subscriber/Insured Not Found  
76 Duplicate Subscriber/Insured ID Number  
77 Subscriber Found, Patient Not Found  
78 Subscriber/Insured Not in Group/Plan Identified

AAA04 889 **Follow-up Action Code** M ID 1/1 Required 1

**Description:** Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable).

**MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.**

**Code Name**

C Please Correct and Resubmit  
N Resubmission Not Allowed  
R Resubmission Allowed  
**Description:** Use only when AAA03 is "42".  
S Do Not Resubmit; Inquiry Initiated to a Third Party  
W Please Wait 30 Days and Resubmit  
X Please Wait 10 Days and Resubmit  
Y Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly  
**Description:** Use only when AAA03 is "42".

# DMG Subscriber Demographic Information

Pos: 250 Max: 1  
Detail - Optional  
Loop: 2100C Elements: 3

User Option (Usage): Situational

## Syntax:

1. P0102 - If either DMG01,DMG02 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DMG\*D8\*CCYYMMDD\*M(Hex'0D')

DMG\*D8\*CCYYMMDD\*F(Hex'0D')

DMG\*D8\*CCYYMMDD\*U(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DMG01	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format. Use this code to indicate the format of the subscriber birth date that follows in DMG02. <b>Code Name</b>	O	ID	2/2	Situational	1
DMG02	1251	D8 Date Expressed in Format CCYYMMDD <b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times. This date for the Subscriber birth date of the individual. <b>Industry: Subscriber Birth Date</b> <b>MEDI-CAL NOTE: Subscriber Birth Date in CCYYMMDD format.</b>	O	DT	8/8	Situational	1
DMG03	1068	<b>Gender Code</b> <b>Description:</b> Code indicating the sex of the individual. <b>Industry: Subscriber Gender Code</b> <b>Code Name</b> F Female M Male U Unknown	O	ID	1/1	Situational	1

# DTP Subscriber Date

Pos: 260	Max: 9
Detail - Optional	
Loop: 2100C	Elements: 3

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP\*102\*D8\*CCYYMMDD(Hex'0D')

DTP\*307\*RD8\*CCYYMMDD-CCYYMMDD(Hex'0D')

DTP\*458\*D8\*CCYYMMDD(Hex'0D')

DTP\*472\*RD8\*CCYYMMDD-CCYYMMDD(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time. <b>Industry: Date Time Qualifier</b>	M	ID	3/3	Required	1
		<b>Code Name</b>					
		102 Issue					
		307 Eligibility					
		<b>Description:</b> Range of dates when the subscriber or dependent were eligible for benefits.					
		458 Certification					
		<b>Description:</b> Date of a document attesting to a fact.					
		472 Service					
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3	Required	1
		<b>Code Name</b>					
		D8 Date Expressed in Format CCYYMMDD					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
		<b>Description:</b> A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.					
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times. <b>MEDI-CAL NOTE: A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.</b>	M	AN	8/17	Required	1

# Loop 2110C

Pos: 270	Repeat: >1
	Optional
Loop: 2110C	Elements: N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
280	EB	Subscriber Eligibility or Benefit Information	O	1		Situational
290	REF	Subscriber Additional Identification	O	9		Situational
300	DTP	Subscriber Eligibility/Benefit Date	O	20		Situational
310	AAA	Subscriber Request Validation	O	9		Situational
320	MSG	Message Text	O	10		Situational
330	LS	Loop Header	O	1		Situational
340		Loop 2120C	O		1	Situational
370	LE	Loop Trailer	O	1		Situational

# EB Subscriber Eligibility or Benefit Information

Pos: 280 Max: 1  
Detail - Optional  
Loop: 2110C Elements: 11

User Option (Usage): Situational

## Syntax:

1. P0910 - If either EB09,EB10 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

EB\*1\*FAM\*96\*GP\*.7\*445\*20\*DY\*21\*Y(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
EB01	1390	<b>Eligibility or Benefit Information</b> <b>Description:</b> Code identifying eligibility or benefit information. This may be the eligibility status of the individual or the benefit related category that is being further described in the following data elements. This data element also qualifies the data in elements EB06 through EB10. <b>Mode:</b> Automatic <b>Control:</b> Text <b>Code Name</b> <ul style="list-style-type: none"> <li>1 Active Coverage</li> <li>2 Active - Full Risk Capitation</li> <li>3 Active - Services Capitated</li> <li>4 Active - Services Capitated to Primary Care Physician</li> <li>5 Active - Pending Investigation</li> <li>6 Inactive</li> <li>7 Inactive - Pending Eligibility Update</li> <li>8 Inactive - Pending Investigation</li> <li>A Co-Insurance</li> <li>B Co-Payment</li> <li>C Deductible</li> <li>D Benefit Description</li> <li>E Exclusions</li> <li>F Limitations</li> <li>G Out of Pocket (Stop Loss)</li> <li>H Unlimited</li> <li>I Non-Covered</li> <li>J Cost Containment</li> <li>K Reserve</li> <li>L Primary Care Provider</li> <li>M Pre-existing Condition</li> <li>N Services Restricted to Following Provider</li> <li>O Not Deemed a Medical Necessity</li> <li>P Benefit Disclaimer</li> </ul> <b>Description:</b> Not recommended. See section 1.3.10 Disclaimers Within the Transaction.	M	ID	1/2	Required	1
EB02	1207	<b>Coverage Level Code</b> <b>Description:</b> Code indicating the level of coverage being provided for this insured. It identifies the types and number of entities that are covered by the insurance plan. <b>Industry: Benefit Coverage Level Code</b>	O	ID	3/3	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<b>Code Name</b>					
		CHD Children Only					
		DEP Dependents Only					
		ECH Employee and Children					
		EMP Employee Only					
		ESP Employee and Spouse					
		FAM Family					
		IND Individual					
		SPC Spouse and Children					
		SPO Spouse Only					
EB03	1365	<b>Service Type Code</b>	O	ID	1/2	Situational	1
		<b>Description:</b> Code identifying the classification of service. If a service type code is sent by an information receiver that is not supported by the information source, the information source must respond with at least a service type code of 30 - Health Benefit Plan Coverage.					
		<b>Code Name</b>					
		1 Medical Care					
		2 Surgical					
		3 Consultation					
		4 Diagnostic X-Ray					
		5 Diagnostic Lab					
		6 Radiation Therapy					
		7 Anesthesia					
		8 Surgical Assistance					
		9 Other Medical					
		10 Blood Charges					
		11 Used Durable Medical Equipment					
		12 Durable Medical Equipment Purchase					
		13 Ambulatory Service Center Facility					
		14 Renal Supplies in the Home					
		15 Alternate Method Dialysis					
		16 Chronic Renal Disease (CRD) Equipment					
		17 Pre-Admission Testing					
		18 Durable Medical Equipment Rental					
		19 Pneumonia Vaccine					
		20 Second Surgical Opinion					
		21 Third Surgical Opinion					
		22 Social Work					
		23 Diagnostic Dental					
		24 Periodontics					
		25 Restorative					
		26 Endodontics					
		27 Maxillofacial Prosthetics					
		28 Adjunctive Dental Services					
		30 Health Benefit Plan Coverage					
		<b>Description:</b> Use this code if only a single category of benefits can be supported.					
		32 Plan Waiting Period					
		33 Chiropractic					
		34 Chiropractic Office Visits					
		35 Dental Care					
		36 Dental Crowns					
		37 Dental Accident					
		38 Orthodontics					
		39 Prosthodontics					
		40 Oral Surgery					
		41 Routine (Preventive) Dental					
		42 Home Health Care					
		43 Home Health Prescriptions					
		44 Home Health Visits					
		45 Hospice					
		46 Respite Care					
		47 Hospital					
		48 Hospital - Inpatient					
		49 Hospital - Room and Board					
		50 Hospital - Outpatient					
		51 Hospital - Emergency Accident					
		52 Hospital - Emergency Medical					
		53 Hospital - Ambulatory Surgical					
		54 Long Term Care					

**Code Name**

55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI/CAT Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology Exam
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otological Exam
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility
84	Abortion
85	AIDS
86	Emergency Services
87	Cancer
88	Pharmacy
89	Free Standing Prescription Drug
90	Mail Order Prescription Drug
91	Brand Name Prescription Drug
92	Generic Prescription Drug
93	Podiatry
94	Podiatry - Office Visits
95	Podiatry - Nursing Home Visits
96	Professional (Physician)
97	Anesthesiologist
98	Professional (Physician) Visit - Office
99	Professional (Physician) Visit - Inpatient
A0	Professional (Physician) Visit - Outpatient
A1	Professional (Physician) Visit - Nursing Home
A2	Professional (Physician) Visit - Skilled Nursing Facility
A3	Professional (Physician) Visit - Home
A4	Psychiatric
A5	Psychiatric - Room and Board
A6	Psychotherapy
A7	Psychiatric - Inpatient
A8	Psychiatric - Outpatient
A9	Rehabilitation
AA	Rehabilitation - Room and Board
AB	Rehabilitation - Inpatient
AC	Rehabilitation - Outpatient
AD	Occupational Therapy
AE	Physical Medicine
AF	Speech Therapy
AG	Skilled Nursing Care
AH	Skilled Nursing Care - Room and Board
AI	Substance Abuse
AJ	Alcoholism
AK	Drug Addiction
AL	Vision (Optometry)
AM	Frames
AN	Routine Exam
AO	Lenses
AQ	Nonmedically Necessary Physical

**Description:** These physicals are required by other entities e.g., insurance application, pilot

**Code Name**

license, employment or school  
AR Experimental Drug Therapy  
BA Independent Medical Evaluation  
BB Partial Hospitalization (Psychiatric)  
BC Day Care (Psychiatric)  
BD Cognitive Therapy  
BE Massage Therapy  
BF Pulmonary Rehabilitation  
BG Cardiac Rehabilitation  
BH Pediatric  
BI Nursery  
BJ Skin  
BK Orthopedic  
BL Cardiac  
BM Lymphatic  
BN Gastrointestinal  
BP Endocrine  
BQ Neurology  
BR Eye  
BS Invasive Procedures

EB04 1336 **Insurance Type Code** O ID 1/3 Situational 1

**Description:** Code identifying the type of insurance policy within a specific insurance program.

**Code Name**

D Disability  
**Description:** Provides periodic payments to replace income when an insured person is unable to work as a result of illness, injury or disease.  
12 Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan  
13 Medicare Secondary End-Stage Renal Disease Beneficiary in the 12 month coordination period with an employer's group health plan  
14 Medicare Secondary, No-fault Insurance including Auto is Primary  
15 Medicare Secondary Worker's Compensation  
16 Medicare Secondary Public Health Service (PHS) or Other Federal Agency  
41 Medicare Secondary Black Lung  
42 Medicare Secondary Veteran's Administration  
43 Medicare Secondary Disabled Beneficiary Under Age 65 with Large Group Health Plan (LGHP)  
47 Medicare Secondary, Other Liability Insurance is Primary  
AP Auto Insurance Policy  
C1 Commercial  
CO Consolidated Omnibus Budget Reconciliation Act (COBRA)  
CP Medicare Conditionally Primary  
DB Disability Benefits  
EP Exclusive Provider Organization  
**Description:** Gives subscriber a choice of providers from an approved/contracted payer list; there are fixed dollar co-payments for most covered services in return for using plan providers.  
FF Family or Friends  
GP Group Policy  
**Description:** Two or more people who are part of complete unit who enter into an insurance contract with an insurance company.  
HM Health Maintenance Organization (HMO)  
HN Health Maintenance Organization (HMO) - Medicare Risk  
HS Special Low Income Medicare Beneficiary  
**Description:** An individual eligible for Medicare for whom Medicaid pays only Medicare premiums.  
IN Indemnity  
**Description:** Gives a subscriber the choice to select any provider. Payment is fixed percentage of the cost for covered care after satisfying an annual deductible.  
IP Individual Policy  
LC Long Term Care  
**Description:** Coverage designed to help pay for some or all long term care costs, reducing the risk that a policy-holder would need to deplete all of his or her assets to pay for long term care.  
LD Long Term Policy  
LI Life Insurance  
LT Litigation  
MA Medicare Part A  
MB Medicare Part B  
MC Medicaid  
**Description:** Program of health care services made available to medically indigent and other needy persons, regardless of age, under terms of a 1965 amendment to the U.S. Social Security Act.  
MH Medigap Part A

		<u>Code</u>	<u>Name</u>						
			<b>Description:</b> Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part A reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.						
MI			Medigap Part B						
			<b>Description:</b> Health insurance policy intended to cover the non-covered portion of expenses eligible for Medicare Part B reimbursement which must be paid by a Medicare beneficiary for health care services and/or supplies received.						
MP			Medicare Primary						
			<b>Description:</b> Medicare has the primary responsibility to pay for health care services and/or supplies received by a covered beneficiary (a person entitled to medicare benefits).						
OT			Other						
PE			Property Insurance - Personal						
PL			Personal						
PP			Personal Payment (Cash - No Insurance)						
PR			Preferred Provider Organization (PPO)						
PS			Point of Service (POS)						
QM			Qualified Medicare Beneficiary						
			<b>Description:</b> Coverage for a Medicare eligible individual for whom Medicaid pays only for Medicare premiums, co-insurance, and deductibles.						
RP			Property Insurance - Real						
SP			Supplemental Policy						
			<b>Description:</b> An insurance policy intended to cover non-covered charges of another insurance policy.						
TF			Tax Equity Fiscal Responsibility Act (TEFRA)						
WC			Workers Compensation						
			<b>Description:</b> Coverage provides medical treatment, rehabilitation, lost wages and related expenses arising from a job related injury or disease.						
WU			Wrap Up Policy						
			<b>Description:</b> A Workers Compensation Policy written for a specific job site, which will include or cover more than one insured.						
EB05	1204		<b>Plan Coverage Description</b>	O	AN	1/50	Situational	1	
			<b>Description:</b> A description or number that identifies the plan or coverage. This will be free-form text to convey the specific product name for an insurance plan.						
			<b>MEDI-CAL NOTE: 'CMSP' or 'CHDP' or 'Fee For SVC Medi-Cal For Dental Care' or 'Fee For SVC Medi-Cal For Non-Psychiatric SVCs'.</b>						
EB06	615		<b>Time Period Qualifier</b>	O	ID	1/2	Situational	1	
			<b>Description:</b> Code defining periods for the time period category for the benefits being described when needed to qualify benefit availability.						
			<u><b>Code</b></u> <u><b>Name</b></u>						
		6	Hour						
		7	Day						
		13	24 Hours						
		21	Years						
		22	Service Year						
		23	Calendar Year						
		24	Year to Date						
		25	Contract						
		26	Episode						
		27	Visit						
		28	Outlier						
		29	Remaining						
		30	Exceeded						
		31	Not Exceeded						
		32	Lifetime						
		33	Lifetime Remaining						
		34	Month						
		35	Week						
		36	Admission						
EB07	782		<b>Monetary Amount</b>	O	R	1/7	Situational	1	
			<b>Description:</b> Monetary amount. Use this monetary amount as qualified by EB01, used if eligibility or benefit must be qualified by a monetary amount; e.g., deductible, co-payment.						
			<b>Industry: Benefit Amount</b>						

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
EB08	954	<b>Percent</b> <b>Description:</b> Percentage expressed as a decimal, used as a percentage rate as qualified by EB01. Used if eligibility or benefit must be qualified by a percentage; e.g., co-insurance.	O	R	1/3	Situational	1
EB09	673	<b>Industry: Benefit Percent</b>	O	ID	2/2	Situational	1
		<b>Quantity Qualifier</b> <b>Description:</b> Code specifying the type of quantity, used to identify the type of units that are being conveyed in the following data element (EB10).					
		<b>Code Name</b>					
		99 Quantity Used <b>Description:</b> Quantity of units used.					
		CA Covered - Actual <b>Description:</b> Days covered on this service.					
		CE Covered - Estimated <b>Description:</b> Estimated days covered on this service.					
		DB Deductible Blood Units <b>Description:</b> Amount of blood units not reimbursed due to plan deductible limits.					
		DY Days					
		HS Hours					
		LA Life-time Reserve - Actual <b>Description:</b> Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is the actual number of days in reserve.					
		LE Life-time Reserve - Estimated <b>Description:</b> Medicare hospital insurance includes extra hospital days to be used if the patient has a long illness and is required to stay in the hospital over a specified number of days; this is an estimate of the number of days in reserve.					
		MN Month					
		P6 Number of Services or Procedures					
		QA Quantity Approved <b>Description:</b> Quantity allowed by the company processing the claim.					
		S7 Age, High Value <b>Description:</b> Use this code when a benefit is based on a maximum age for the patient.					
		S8 Age, Low Value <b>Description:</b> Use this code when a benefit is based on a minimum age for the patient.					
		VS Visits					
		YY Years					
EB10	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity, used for the quantity value as qualified by the preceding data element (EB09).	O	R	1/15	Situational	1
EB11	1073	<b>Industry: Benefit Quantity</b>	O	ID	1/1	Situational	1
		<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response, used if it is necessary to indicate if authorization or certification is required.					
		<b>Industry: Authorization or Certification Indicator</b>					
		<b>MEDI-CAL NOTE: A "Y" value indicates that an authorization or certification is required per plan provisions. An "N" value indicates that an authorization or certification is not required per plan provisions. A "U" value indicates it is unknown whether the plan provisions require an authorization or certification.</b>					
		<b>Code Name</b>					
		N No					
		Y Yes					

# REF Subscriber Additional Identification

Pos: 290 Max: 9  
Detail - Optional  
Loop: 2110C Elements: 3

User Option (Usage): Situational

## Syntax:

1. R0203 - At least one of REF02, REF03 is required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

REF\*18\* .....\*(Hex'0D')

REF\*G1\* .....\*(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
REF01	128	<b>Reference Identification Qualifier</b> <b>Description:</b> Code qualifying the Reference Identification. <b>MEDI-CAL NOTE: Used only in an EB loop with EB01 = 'R'.</b>	M	ID	2/3	Required	1
		<b>Code Name</b> 18 Plan Number <b>Description:</b> The unique identification number assigned for a defined contribution plan. 1L Group or Policy Number <b>Description:</b> Use this code only if it cannot be determined if the number is a Group Number or a Policy number. Use codes "IG" or "6P" when they can be determined. 1W Member Identification Number 49 Family Unit Number <b>Description:</b> An identification number assigned to siblings within the same family. 6P Group Number 9F Referral Number A6 Employee Identification Number F6 Health Insurance Claim (HIC) Number <b>Description:</b> A unique number assigned by the government to each person entitled to Medicare benefits G1 Prior Authorization Number <b>Description:</b> An authorization number acquired prior to the submission of a claim. IG Insurance Policy Number N6 Plan Network Identification Number <b>Description:</b> A number assigned to identify a specific health care network that provides health care services to insured members. NQ Medicaid Subscriber Identification Number <b>Description:</b> Unique identification number assigned to each member covered under a subscriber's contract.					
REF02	127	<b>Reference Identification</b> <b>Description:</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier. <b>Industry: Subscriber Eligibility or Benefit Identifier</b>	M	AN	1/30	Required	1
REF03	352	<b>Description</b> <b>Description:</b> A free-form description to clarify the related data elements and their content. <b>Industry: Plan Sponsor Name</b>	O	AN	1/80	Situational	1

# DTP Subscriber Eligibility/Benefit Date

Pos: 300	Max: 20
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

DTP\*102\*D8\*CCYYMMDD(Hex'0D')

DTP\*307\*RD8\*CCYYMMDD-CCYYMMDD(Hex'0D')

DTP\*472\*RD8\*CCYYMMDD-CCYYMMDD(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 20 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
DTP01	374	<b>Date/Time Qualifier</b> <b>Description:</b> Code specifying type of date or time, or both date and time. <b>Industry: Date Time Qualifier</b>	M	ID	3/3	Required	1
		<b>Code Name</b>					
		102 Issue					
		307 Eligibility					
		<b>Description:</b> Range of dates when the subscriber or dependent were eligible for benefits.					
		458 Certification					
		<b>Description:</b> Date of a document attesting to a fact					
		472 Service					
DTP02	1250	<b>Date Time Period Format Qualifier</b> <b>Description:</b> Code indicating the date format, time format, or date and time format. DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3	Required	1
		<b>Code Name</b>					
		D8 Date Expressed in Format CCYYMMDD					
		RD8 Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD					
		<b>Description:</b> A range of dates expressed in the format CCYYMMDD-CCYYMMDD where CCYY is the numerical expression of the century CC and year YY, MM is the numerical expression of the month within the year, and DD is the numerical expression of the day within the year; the first occurrence of CCYYMMDD is the beginning date and the second occurrence is the ending date.					
DTP03	1251	<b>Date Time Period</b> <b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times. <b>Industry: Eligibility or Benefit Date Time Period</b> <b>MEDI-CAL NOTE:</b> A date in CCYYMMDD-CCYYMMDD format if DTP01 = 307, else date in CCYYMMDD format.	M	AN	8/17	Required	1

# AAA Subscriber Request Validation

Pos: 310	Max: 9
Detail - Optional	
Loop: 2110C	Elements: 3

User Option (Usage): Situational

## Comments:

1. Use this segment to indicate problems in processing the transaction specifically related to specific eligibility/benefit inquiry data contained in the original 270 transaction's subscriber eligibility/benefit inquiry information loop (Loop 2110C).

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

AAA\*N\*\*15\*C(Hex'0D')

AAA\*N\*\*60\*R(Hex'0D')

AAA\*Y\*\*70\*Y(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 9 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
AAA01	1073	<b>Yes/No Condition or Response Code</b> <b>Description:</b> Code indicating a Yes or No condition or response. <b>Industry: Valid Request Indicator</b> <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <u>Code</u> <u>Name</u> N No <b>Description:</b> Use this code to indicate that the request or an element in the request is not valid. The transaction has been rejected as identified by the code in AAA03. Y Yes <b>Description:</b> Use this code to indicate that the request is valid, however the transaction has been rejected as identified by the code in AAA03.	M	ID	1/1	Required	1
AAA03	901	<b>Reject Reason Code</b> <b>Description:</b> Code assigned by issuer to identify reason for rejection. Use this code for the reason why the transaction was unable to be processed successfully. This may indicate problems with the system, the application, or the data content. <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <u>Code</u> <u>Name</u> 15 Required application data missing 52 Service Dates Not Within Provider Plan Enrollment 53 Inquired Benefit Inconsistent with Provider Type 54 Inappropriate Product/Service ID Qualifier 55 Inappropriate Product/Service ID 56 Inappropriate Date 57 Invalid/Missing Date(s) of Service 60 Subscriber Birth Date Follows Date(s) of Service 61 Date of Death Precedes Date(s) of Service 62 Service Date Not Within Allowable Inquiry Period 63 Service Date in Future 69 Inconsistent with Patient's Age 70 Inconsistent with Patient's Gender	M	ID	2/2	Required	1
AAA04	889	<b>Follow-up Action Code</b> <b>Description:</b> Code identifying follow-up actions allowed. Use this code to instruct the recipient of the 271 about what action needs to be taken, if any, based on the validity code and the reject reason code (if applicable). <b>MEDI-CAL NOTE: See Appendix A: AAA Segment Table of Rejection codes.</b> <u>Code</u> <u>Name</u> C Please Correct and Resubmit N Resubmission Not Allowed R Resubmission Allowed	M	ID	1/1	Required	1

**Code** **Name**

W	Please Wait 30 Days and Resubmit
X	Please Wait 10 Days and Resubmit
Y	Do Not Resubmit; We Will Hold Your Request and Respond Again Shortly

# MSG Message Text

Pos: 320	Max: 10
Detail - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

MSG\*(Hex'0D')

## MEDI-CAL NOTE:

This Segment can occur 10 times.

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
MSG01	933	<b>Free-Form Message Text</b>	M	AN	1/264	Required	1
		<b>Description:</b> Free-form message text.					
		<b>MEDI-CAL NOTE:</b> Additional eligibility data that cannot be codified.					

# LS Loop Header

Pos: 330	Max: 1
Heading - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

LS\*2120(Hex'0D')

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
LS01	447	<b>Loop Identifier Code</b> <b>Description:</b> The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. <b>MEDI-CAL NOTE: '2120', per the Implementation Guide.</b>	M	AN	1/4	Required	1

# Loop 2120C

Pos: 340	Repeat: 1
Optional	
Loop: 2120C	Elements:
	N/A

## Loop Summary:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Usage</u>
350	NM1	Subscriber Benefit Related Entity Name	O	1		Situational
360	PER	Subscriber Benefit Related Entity Contact Information	O	3		Situational

# NM1 Subscriber Benefit Related Entity Name

Pos: 350	Max: 1
Detail - Optional	
Loop: 2120C	Elements: 8

User Option (Usage): Situational

## Syntax:

1. P0809 - If either NM108,NM109 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

NM1\*1P\*1\* .....\* .....\* .....\* .....\*FI\* .....  
 .(Hex'0D')  
 NM1\*13\*2\* .....\*\*\*\*34\* .....(Hex'0D')  
 NM1\*SEP\*2\* .....\*\*\*\*FA\* .....(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
NM101	98	<b>Entity Identifier Code</b> <b>Description:</b> Code identifying an organizational entity, a physical location, property or an individual. <b>Code Name</b> 13 Contracted Service Provider 1P Provider 2B Third-Party Administrator 36 Employer 73 Other Physician <b>Description:</b> Physician not one of the other specified choices. FA Facility GP Gateway Provider <b>Description:</b> Identifies a gateway access provider. IL Insured or Subscriber <b>Description:</b> Use if identifying an insured or subscriber to a plan other than the information source (such as in a co-ordination of benefits situation). LR Legal Representative P3 Primary Care Provider <b>Description:</b> Physician that is selected by the insured to provide medical care. P4 Prior Insurance Carrier P5 Plan Sponsor PR Payer VN Vendor X3 Utilization Management Organization PRP Primary Payer SEP Secondary Payer TTP Tertiary Payer	M	ID	2/3	Required	1
NM102	1065	<b>Entity Type Qualifier</b> <b>Description:</b> Code qualifying the type of entity. This code indicates whether the entity is an individual person or an organization. <b>MEDI-CAL NOTE: Use '1' for Person when the Provider is doing business as a sole proprietor, otherwise '2' for Non-Person Entity.</b> <b>Code Name</b> 1 Person 2 Non-Person Entity	M	ID	1/1	Required	1
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name. Use this name for the organization name if the entity type qualifier is a non-person entity. Otherwise, this will be the individual's last name. <b>Industry: Benefit Related Entity Last or Organization Name</b>	O	AN	1/35	Situational	1
NM104	1036	<b>Name First</b> <b>Description:</b> Individual first name. <b>Industry: Benefit Related Entity First</b>	O	AN	1/25	Situational	1

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
		<b>Name</b>					
		<b>MEDI-CAL NOTE: Possibly provider first name if NM102 is "1".</b>					
NM105	1037	<b>Name Middle</b> <b>Description:</b> Individual middle name or initial. <b>Industry: Benefit Related Entity Middle Name</b>	O	AN	1/25	Situational	1
		<b>MEDI-CAL NOTE: Possibly provider middle initial if NM102 is "1".</b>					
NM107	1039	<b>Name Suffix</b> <b>Description:</b> Suffix to individual name. <b>Industry: Benefit Related Entity Name Suffix</b>	O	AN	1/10	Situational	1
		<b>MEDI-CAL NOTE: Possibly provider suffix ('Sr', 'Jr', 'III') if NM102 is "1".</b>					
NM108	66	<b>Identification Code Qualifier</b> <b>Description:</b> Code designating the system/method of code structure used for Identification Code (67). <b>Code Name</b>	O	ID	1/2	Situational	1
		24 Employer's Identification Number					
		34 Social Security Number <b>Description:</b> The social security number may not be used for any Federally administered programs such as Medicare.					
		46 Electronic Transmitter Identification Number (ETIN) <b>Description:</b> A unique number assigned to each transmitter and software developer.					
		FA Facility Identification					
		FI Federal Taxpayer's Identification Number					
		MI Member Identification Number <b>Description:</b> Use this code to identify the entity's Member Identification Number associated with a payer other than the information source in Loop 2100A. This code may only be used prior to the mandated use of code "ZZ".					
		NI National Association of Insurance Commissioners (NAIC) Identification					
		PI Payor Identification					
		PP Pharmacy Processor Number <b>Description:</b> Unique number assigned to each pharmacy for submitting claims.					
		SV Service Provider Number					
		XV Health Care Financing Administration National Payer Identification Number (PAYERID) <b>Description:</b> Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. 540: Health Care Financing Administration National PlanID.					
		XX Health Care Financing Administration National Provider Identifier <b>Description:</b> Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.					
		ZZ Mutually Defined <b>Description:</b> The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.					
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code. Use this code for the reference number as qualified by the preceding data element (NM108). <b>Industry: Benefit Related Entity Identifier</b>	O	AN	2/80	Situational	1
		<b>ExternalCodeList</b>					
		<b>Name:</b> 245 <b>Description:</b> National Association of Insurance Commissioners (NAIC) Code					
		<b>ExternalCodeList</b>					
		<b>Name:</b> 537 <b>Description:</b> Health Care Financing Administration National Provider Identifier					
		<b>ExternalCodeList</b>					
		<b>Name:</b> 540 <b>Description:</b> Health Care Financing Administration National PlanID					

# PER Subscriber Benefit Related Entity Contact Information

Pos: 360	Max: 3
Detail - Optional	
Loop: 2120C	Elements: 4

User Option (Usage): Situational

## Syntax:

1. P0304 - If either PER03,PER04 is present, then all are required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

PER\*IC\* .....\*TE\* .....(Hex'0D')

## MEDI-CAL NOTE:

This segment can occur 3 times.

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
PER01	366	<b>Contact Function Code</b> <b>Description:</b> Code identifying the major duty or responsibility of the person or group named. <b>Code Name</b> IC Information Contact	M	ID	2/2	Required	1
PER02	93	<b>Name</b> <b>Description:</b> Free-form name. This name is the individual's name or group's name used when contacting the individual or organization. <b>Industry: Benefit Related Entity Contact Name</b>	O	AN	1/60	Situational	1
PER03	365	<b>Communication Number Qualifier</b> <b>Description:</b> Code identifying the type of communication number. <b>Code Name</b> TE Telephone	O	ID	2/2	Situational	1
PER04	364	<b>Communication Number</b> <b>Description:</b> Complete communications number including country or area code when applicable. This number is for the communication number as qualified by the preceding data element. The format for US domestic phone numbers is: AAABBBCCCC where AAA = Area Code & BBBCCCC = Local Number. <b>Industry: Benefit Related Entity Communication Number</b>	O	AN	1/10	Situational	1

# LE Loop Trailer

Pos: 370	Max: 1
Summary - Optional	
Loop: 2110C	Elements: 1

User Option (Usage): Situational

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

LE\*2120(Hex'0D')

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
LE01	447	<b>Loop Identifier Code</b> <b>Description:</b> The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE. The loop identifier in the loop header and trailer must be identical. <b>MEDI-CAL NOTE: '2120', per the Implementation Guide.</b>	M	AN	1/4	Required	1

# SE Transaction Set Trailer

Pos: 380	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

SE\*.....\*000000001(Hex'0D')

## Element Summary:

Ref	Id	Element Name	Req	Type	Min/Max	Usage	Rep
SE01	96	<b>Number of Included Segments</b> <b>Description:</b> A count of the number of segments included in the transaction set (inclusive of the ST and SE segments). <b>Industry: Transaction Segment Count</b>	M	N9	1/10	Required	1
SE02	329	<b>Transaction Set Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the transaction set sender, and must match ST02. <b>MEDI-CAL NOTE: '000000001'. This number must be identical to ST02.</b>	M	N9	9/9	Required	1

# GE Functional Group Trailer

Pos: 390	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

GE\*1\*000000001(Hex'0D')

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
GE01	97	<b>Number of Transaction Sets Included</b> <b>Description:</b> A count of the number of transaction sets included in the functional group. <b>MEDI-CAL NOTE: '1'.</b>	M	N1	1/1	Required	1
GE02	28	<b>Group Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the functional group sender, and must match GS06. <b>MEDI-CAL NOTE: '000000001'. This number must be identical to GS06.</b>	M	N9	9/9	Required	1

# IEA Interchange Control Trailer

Pos: 400	Max: 1
Summary - Mandatory	
Loop: N/A	Elements: 2

User Option (Usage): Required

## Example:

Spaces in the example(s) are represented by periods ('.') for clarity.

IEA\*2\*000000001(Hex'0D')

## MEDI-CAL NOTE:

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>	<u>Rep</u>
IEA01	I16	<b>Number of Included Functional Groups</b> <b>Description:</b> A count of the number of functional groups included in the interchange response. <b>MEDI-CAL NOTE: '2', because the HB-271 is included, and the TX-864 (Provider Mail) as well.</b>	M	N1	1/1	Required	1
IEA02	I12	<b>Interchange Control Number</b> <b>Description:</b> Identifying control number, assigned and maintained by the interchange response sender, and must match ISA13. <b>MEDI-CAL NOTE: '000000001'. This number must be identical to ISA13.</b>	M	N9	9/9	Required	1

# Appendix

## All Included Elements in All Included Segments

<u><b>Id</b></u>	<u><b>Elements</b></u>	<u><b>Used in Segments</b></u>
C003	Composite Medical Procedure Identifier	EB
I01	Authorization Information Qualifier	IEA, ISA, TA1
19	City Name	N4
26	Country Code	N4
28	Group Control Number	GE, GS
66	Identification Code Qualifier	NM1
67	Identification Code	NM1
93	Name	PER
96	Number of Included Segments	SE
97	Number of Transaction Sets Included	GE
98	Entity Identifier Code	NM1
116	Postal Code	N4
124	Application Receiver's Code	GS
127	Reference Identification	BHT, PRV, REF, TRN
128	Reference Identification Qualifier	PRV, REF
142	Application Sender's Code	GS
143	Transaction Set Identifier Code	ST
156	State or Province Code	N4
166	Address Information	N3
234	Product/Service ID	EB
235	Product/Service ID Qualifier	EB
309	Location Qualifier	N4
310	Location Identifier	N4
329	Transaction Set Control Number	SE, ST
337	Time	BHT, GS
352	Description	REF
353	Transaction Set Purpose Code	BHT
355	Unit or Basis for Measurement Code	HSD
364	Communication Number	PER
365	Communication Number Qualifier	PER
366	Contact Function Code	PER
373	Date	BHT, GS
374	Date/Time Qualifier	DTP
380	Quantity	EB, HSD
447	Loop Identifier Code	LE, LS
455	Responsible Agency Code	GS
479	Functional Identifier Code	GS
480	Version / Release / Industry Identifier Code	GS
481	Trace Type Code	TRN
509	Originating Company Identifier	TRN
615	Time Period Qualifier	EB, HSD
616	Number of Periods	HSD
628	Hierarchical ID Number	HL
673	Quantity Qualifier	EB, HSD
678	Ship/Delivery or Calendar Pattern Code	HSD
679	Ship/Delivery Pattern Time Code	HSD
734	Hierarchical Parent ID Number	HL
735	Hierarchical Level Code	HL
736	Hierarchical Child Code	HL
782	Monetary Amount	EB
875	Maintenance Type Code	INS
889	Follow-up Action Code	AAA
901	Reject Reason Code	AAA
933	Free-Form Message Text	MSG
954	Percent	EB
1005	Hierarchical Structure Code	BHT
1035	Name Last or Organization Name	NM1
1036	Name First	NM1
1037	Name Middle	NM1
1039	Name Suffix	NM1
1065	Entity Type Qualifier	NM1
1068	Gender Code	DMG
1069	Individual Relationship Code	INS
1073	Yes/No Condition or Response Code	AAA, EB, INS
1167	Sample Selection Modulus	HSD

<b><u>Id</u></b>	<b><u>Elements</u></b>	<b><u>Used in Segments</u></b>
1203	Maintenance Reason Code	INS
1204	Plan Coverage Description	EB
1207	Coverage Level Code	EB
1220	Student Status Code	INS
1221	Provider Code	PRV
1250	Date Time Period Format Qualifier	DMG, DTP
1251	Date Time Period	DMG, DTP
1270	Code List Qualifier Code	III
1271	Industry Code	III
1336	Insurance Type Code	EB
1339	Procedure Modifier	EB
1365	Service Type Code	EB
1390	Eligibility or Benefit Information	EB
1470	Number	INS